

# FORMS







## FBLA Local and State Chapter Web Site Permission Form

North Dakota Department of Career and Technical Education

SFN 53429 (7/02)

*The North Dakota FBLA Web Site is on the road to becoming one of the primary modes of communication for our students, instructors, and others. We believe that stories and information about the people and events around the state will improve our site. On the other hand, we understand the global nature of the Internet and concerns people have for privacy. In order for us to alleviate any potential misunderstandings, we require that this form be filled out, signed, and submitted to our agency by any individual to whom reference is made or whose pictures are posted. If said person is a minor, a guardian signature is also required.*

- ☐ The \_\_\_\_\_ High School chapter of FBLA is authorized to publish the following on their Web Site (check all to which you agree).

-OR-

- ☐ The North Dakota State Chapter of FBLA is authorized to publish the following on their web site (check all to which you agree).

- ☐ Name  
☐ Email Address  
☐ Photo

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent /Guardian: \_\_\_\_\_  
(if above individual is under 21 years of age)

Date: \_\_\_\_\_

**To be signed and retained by the local chapter**

**-OR-**

**send to the state FBLA office if photos are to be published on the FBLA web site.**

***Mail or Fax to:***

***Linda Kuntz  
Dept. of Career and Technical Education  
600 E. Boulevard Ave., Dept. 270  
Bismarck, ND 58505-0610  
Fax: 701-328-1255***



### Honorary Membership or Businessperson of the Year Nomination

North Dakota Department of Career and Technical Education

SFN 17801

**No pictures, be brief. State reasons on this form only.**

Name of Nominee	
Complete Mailing Address of Nominee	Telephone
E-mail Address	
Nominated for: <input type="checkbox"/> Honorary Membership <input type="checkbox"/> Businessperson of the Year	
Statement of why the nominee should receive the award:	
Submitted by	
Chapter	
NOTE: You will be notified if candidate is selected. If you do not receive notification, the person was <i>not</i> selected as State Businessperson of the Year or Honorary Member. You may give this person an award from your chapter, if you wish.	

**Postmark or Fax this form by designated date to:**

**Linda Kuntz**

**Dept. of Career and Technical Education**

**600 E. Boulevard Ave., Dept. 270**

**Bismarck, ND 58505-0610**

**Fax: 701-328-1255**





## Medical Liability Release and Parental Permission Slip

North Dakota Department of Career and Technical Education  
SFN 17805 (8-01)

I, as parent or guardian, acting on behalf of my child/ward, do voluntarily authorize the persons indicated below, assistants, and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the below-named person as deemed necessary in medical judgment.

I agree to indemnify and hold harmless these people and said medical services coordinator and/or his/her assistants and designees for any and all claims, demands, actions, right of action, and/or judgments by or on behalf of the below-named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

Name of participant	School	
Name of parent/guardian	Person(s) authorized to seek medical treatment	
Signature of parent/guardian		Date

### MEDICAL INFORMATION

**CONFIDENTIAL**

Known drug allergies	
History of heart condition, diabetes, asthma, epilepsy or rheumatic fever	
Last Tetanus administration received	Medications currently taking
Any physical restrictions	
Other conditions	
Name of hometown family physician and telephone number	
Parent/guardian's home telephone number	Parent/guardian's work telephone number

### PARENTAL PERMISSION

As parent/guardian, I give permission for my child/ward to participate and accompany the local FBLA chapter to the conference.

Student name	Name of FBLA chapter
Driver name	Type of transportation
Student will return at	Parent/guardian signature

**This form is for your use. Bring it with you to the conference, but DO NOT SEND IT TO THE STATE OFFICE.**





## Who's Who in FBLA Award

North Dakota Department of Career and Technical Education  
SFN 17802

Every FBLA chapter should name one FBLA member to receive the Who's Who award. Every chapter has a winner. State FBLA officers are *not* to be local chapter winners. They receive the award automatically. This award should be given to the person most deserving for service to the local FBLA chapter, not necessarily the president, but the member who always is present, always willing to help, etc. If the adviser feels it is merited, chapters may have more than one Who's Who winner.

1	Name of Student Receiving Award (please print or type)
2	Name of Student Receiving Award (please print or type)
3	Name of Student Receiving Award (please print or type)

**NOTE: The Who's Who Award is usually given in a "Parade of Chapters" at the State Leadership Conference. The "Parade of Chapters" participants are the Local Chapter Who's Who winner, the chapter adviser, and the president of the chapter (or representative).**

Name of President or a Representative
Name of Adviser, Region, Chapter

### DO NOT LIST STATE OFFICERS

**Postmark or Fax this form by designated date to:**

**Linda Kuntz  
Dept. of Career and Technical Education  
600 E. Boulevard Ave., Dept. 270  
Bismarck, ND 58505-0610  
Fax: 701-328-1255**



## Adviser Length of Service Award Application

North Dakota Department of Career and Technical Education  
SFN 51400

In order to continue the Chapter Adviser Years of Service Award at the state and national level, we need information from each adviser regarding total (broken or continuous) years service as an FBLA adviser. Advisers will be recognized at the State Leadership Conference for 5, 10, 15, 20, 25, and 30 years of service.



If you are eligible for an award this year and wish to receive the award, you must complete this form and mail or fax by designated date to:

Linda Kuntz  
Dept. of Career and Technical Education  
600 E. Boulevard Ave. Dept. 270  
Bismarck, ND 58505-0610  
Fax: 328-1255

***If you are not eligible for an award this year, you need not complete the form.***



Name	School
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I have a total of \_\_\_\_\_ years of service (including this year) as an FBLA chapter adviser, as follows:

From (month/year)	To (month/year)	School
From (month/year)	To (month/year)	School
From (month/year)	To (month/year)	School





## Go for North Dakota Gold Application

North Dakota Department of Career and Technical Education  
SFN 53430 (7/02)

School Name and City	Adviser's Signature
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**PLEASE MAKE SURE SUPPORTING DOCUMENTS ARE ATTACHED TO THIS FORM.**

**Gold Level**—complete the five required activities and seven of the optional activities. Gold level chapters will receive recognition and preferred seating during the Awards of Excellence Program at the State Leadership Conference.

**Silver Level**—complete four of the five required activities and five of the optional activities. Silver level chapters will receive recognition at the State Leadership Conference.

**Check which level you are applying for:**   ☐ **Gold Level**      ☐ **Silver Level**

***Five required for gold level -- Four required for silver level***

- ☐ Pay initial state and national dues of \$10 per member by October 20.
- ☐ Submit Local Chapter Annual Business Report for state competition.
- ☐ Submit Infoshare forms on three separate months, for publication on the North Dakota FBLA Web Site. Attach copies of forms submitted. (Form found in Forms section)
- ☐ Create a chapter website that is linked to the state website. Submit URL to state webmaster so there is also a link on the state website. List URL here: \_\_\_\_\_
- ☐ Chapter attends Fall Leadership Conference.

***Optional (any seven for gold level, any five for silver level)***

- ☐ Submit article to FBLA-PBL national publications. Attach copy of article.
- ☐ Conduct a public relations program in the school and community and document the activities with newspaper clippings and reports of radio/TV coverage. Attach copies of documentation.
- ☐ Have a candidate run for state office.
- ☐ Qualify for the North Dakota Membership Achievement Award. (Form found in Forms section)
- ☐ Attend the National Fall Leadership Conference.
- ☐ Include a businessperson in your chapter activity. Attach a description of name, position, and activity.
- ☐ Include a school official/administrator in a chapter activity. Attach a description of name, position, and activity.
- ☐ Submit American Enterprise Project for state competition.
- ☐ Submit Business Financial Planning Project for state competition.
- ☐ Submit Business Plan Project for state competition.
- ☐ Submit Community Service Project for state competition.
- ☐ Submit Project Awareness for state competition.
- ☐ Submit Partnership with Business Project for state competition.
- ☐ Obtain a corporate sponsorship. Attach a copy of sponsorship form. (Form found in Forms section)
- ☐ Conduct a job shadowing activity for chapter members. Attach a short description of activity.
- ☐ Recruit at least two professional members. Attach copies of application forms. (Form found in national Chapter Management Handbook)
- ☐ Adopt-a-Chapter. Attach copy of verification form. (Form found in Forms section)
- ☐ At least one chapter member completes Membership Madness or Membership Mania. Attach copy of verification form(s). (Form found in Forms section)
- ☐ At least three members complete one or more levels of the national Business Achievement Awards Program. Attach copies of verification forms. (Forms found in Chapter/Member Recognition section of the national Chapter Management Handbook)
- ☐ Chapter participates in three Professional Dress Days. (Attach copies of verification forms – found in Forms section)

***Postmark or Fax this form by designated date to:***

**Linda Kuntz**  
**Dept. of Career and Technical Education**  
**600 E. Boulevard Ave., Dept. 270**  
**Bismarck, ND 58505-0610**  
**Fax: 701-328-1255**





## Adopt-a-Chapter Verification Form

North Dakota Department of Career and Technical Education  
SFN 53867

Chapter \_\_\_\_\_

This form verifies that members of the \_\_\_\_\_ High School chapter of FBLA have adopted \_\_\_\_\_ High School in order to charter/reactivate the school into FBLA membership. This form verifies that all **Terms of Adoption** were fulfilled and the adopted school has chartered or reactivated with a minimum of five members by mailing dues to the national FBLA office. The chapter adviser and president of both the established chapter and the adopted chapter must sign this form.

***Please provide the following information:***

Date adopted chapter was first contacted \_\_\_\_\_

Date chapter installation ceremony was performed (**mandatory**) \_\_\_\_\_

Dates and types of activities conducted to assist adopted school:

Date	Type of Activity

\_\_\_\_\_  
President/established chapter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adviser/established chapter

\_\_\_\_\_  
President/adopted chapter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adviser/adopted chapter

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***Linda Kuntz  
Career and Technical Education  
600 E. Boulevard Ave., Dept. 270  
Bismarck, ND 58505-0610  
Fax: 701-328-1255***





## Corporate Sponsorship Form

North Dakota Department of Career and Technical Education  
SFN 53868

Name of Company Representative:		Name of Business:	
Address:		City, State:	ZIP:
Phone:		Fax:	
E-mail Address:			
Name of Competitive Event Sponsored:		Amount:	
1 <sup>st</sup> Choice:		\$	
2 <sup>nd</sup> Choice:		Make check payable to North Dakota FBLA	

Will a representative of this business be present at the State Leadership Conference to present the award? ☐  
Yes ☐ No

If yes, please list name: \_\_\_\_\_

Each business will be identified as an event sponsor in the program booklet and acknowledged during the general awards session. (Please provide logo)

Signatures:

Representative of Business:	Date:
North Dakota FBLA State Officer:	Date:

**Postmark or Fax this form by designated date to:**

**Linda Kuntz**  
**Career and Technical Education**  
**600 E. Boulevard Ave., Dept. 270**  
**Bismarck, ND 58505-0610**  
**Fax: 701-328-1255**





## Infoshare Form

North Dakota Department of Career and Technical Education  
SFN 53869

Please **type** this form or **recreate** it on the computer, then **send** or **email** it to the person indicated below. This form must be postmarked by the 5<sup>th</sup> of each month (example: September news must be postmarked by October 5).

**NOTE: To use the Infoshare Form as qualification for "Go For the Gold" recognition, you must submit entries on three separate months, rather than submitting three items on the same form.**

**Send to:**

Your Regional Vice President

**Received from:**

Name \_\_\_\_\_  
FBLA Office \_\_\_\_\_  
School \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Email Address \_\_\_\_\_

**Type of Activity:**

\_\_\_\_\_ Support of FBLA State and/or National Projects  
\_\_\_\_\_ Recognition for FBLA Competitive Events and/or Activities  
\_\_\_\_\_ Membership Recruitment \_\_\_\_\_ Service to School or Community  
\_\_\_\_\_ Leadership Development Activities \_\_\_\_\_ Fundraiser  
\_\_\_\_\_ Participation at Conferences \_\_\_\_\_ Other (please specify)

**Description of Activity:**

**Type of Activity:**

\_\_\_\_\_ Support of FBLA State and/or National Projects  
\_\_\_\_\_ Recognition for FBLA Competitive Events and/or Activities  
\_\_\_\_\_ Membership Recruitment \_\_\_\_\_ Service to School or Community  
\_\_\_\_\_ Leadership Development Activities \_\_\_\_\_ Fundraiser  
\_\_\_\_\_ Participation at Conferences \_\_\_\_\_ Other (please specify)

**Description of Activity:**

**Type of Activity:**

\_\_\_\_\_ Support of FBLA State and/or National Projects  
\_\_\_\_\_ Recognition for FBLA Competitive Events and/or Activities  
\_\_\_\_\_ Membership Recruitment \_\_\_\_\_ Service to School or Community  
\_\_\_\_\_ Leadership Development Activities \_\_\_\_\_ Fundraiser  
\_\_\_\_\_ Participation at Conferences \_\_\_\_\_ Other (please specify)

**Description of Activity:**





## Membership Madness Form

North Dakota Department of Career and Technical Education  
SFN 53870

Member's Name: \_\_\_\_\_ Chapter #: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Adviser's Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

Adviser's E-mail: \_\_\_\_\_

Recruited five new members: (List names of new members in the blanks below)

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_

5. Name: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adviser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If additional members were recruited, please attach list and send to:

**Linda Kuntz**  
**Career and Technical Education**  
**600 E. Boulevard Ave., Dept. 270**  
**Bismarck, ND 58505-0610**  
**Fax: 701-328-1255**





## Membership Mania Form

North Dakota Department of Career and Technical Education  
SFN 53871

Member's Name: \_\_\_\_\_ Chapter #: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Adviser's Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

Adviser's E-mail: \_\_\_\_\_

Recruited ten new members: (List names of new members in the blanks below)

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_

5. Name: \_\_\_\_\_

6. Name: \_\_\_\_\_

7. Name: \_\_\_\_\_

8. Name: \_\_\_\_\_

9. Name: \_\_\_\_\_

10. Name: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adviser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If additional members were recruited, please attach list and send to:

**Linda Kuntz**  
**Career and Technical Education**  
**600 E. Boulevard Ave., Dept. 270**  
**Bismarck, ND 58505-0610**  
**Fax: 701-328-1255**





## Professional Dress Day Verification Form

North Dakota Department of Career and Technical Education  
SFN 53872 (7/02)

Professional Dress Day is designed to teach members about professional business attire, as defined by the FBLA Dress Code. Chapters who have a majority (51%) of their members who wear professional dress to school in three separate months prior to the submission deadline, can use this activity to qualify for Go for the Gold or Silver.

School Name and City:

Please fill out the information below. Professional Dress Day must be verified by the chapter adviser.

Percentage of Members in Professional Attire:	Date:
Percentage of Members in Professional Attire:	Date:
Percentage of Members in Professional Attire:	Date:

Signature of Chapter President:	Signature of Chapter Adviser:
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**Postmark or Fax this form by designated date to:**

**Linda Kuntz  
Dept. of Career and Technical Education  
600 E. Boulevard Ave., Dept. 270  
Bismarck, ND 58505-0610  
Fax: 701-328-1255**





## FBLA Pre-conference Test Request

North Dakota Department of Career and Technical Education  
SFN 51401 (11/00)

<b>School:</b>	<b>Adviser:</b>
<b>Phone with best time to call:</b>	<b>Fax:</b>
<b>Pre-conference test administrator:</b> (May <b>not</b> be an adviser. You may have more than one test administrator, but all tests will be sent to only one person.)	<b>Mailing address of test administrator:</b>

**\*\*\*All students must pay registration fee and be present at State Leadership Conference to participate in these events.\*\*\***

**\*\*\*All competitors in the same event must take the test on the same day and time.\*\*\***

**MEMBERS REGISTERED FOR THE FOLLOWING EVENTS MUST BE PRESENT AT THE CONFERENCE IN ORDER TO COMPETE IN THE EVENTS.**

<b>Event</b>	<b>Names of Competitors</b> (For team events, place names of all team members on same line.)
Future Business Leader <i>Individual event</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1.
	2.
	3.
	4.
Entrepreneurship <i>Teams consisting of 3 members</i> <i>Team tests cooperatively</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1.
	2.
	3.
	4.
Network Design <i>Teams consisting of 2 or 3 members</i> <i>Team tests cooperatively</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1.
	2.
	3.
	4.
Parliamentary Procedure <i>Teams consisting of 4 or 5 members</i> <i>Team takes tests individually</i> 1 (1-29), 2 (30-49), 3 (50-74), 4 (75+)	1.
	2.
	3.
	4.
Computer Applications <i>Individual event</i> 3 (1-29), 4 (30-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.
Desktop Publishing <i>Teams of 2 members</i> <i>Team tests cooperatively</i> 3 (1-29), 4 (30-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.

**Continued on next page**

Event	Names of Competitors (For team events, place names of all team members on same line.)
Word Processing I <i>Individual event</i> 3 (1-29), 4 (30-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.
Word Processing II <i>Individual event</i> 3 (1-29), 4 (30-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.

***Postmark or Fax this form by designated date to:***

***Linda Kuntz***  
***Dept. of Career and Technical Education***  
***600 E. Boulevard Ave., Dept. 270***  
***Bismarck, ND 58505-0610***  
***Fax: 701-328-1255***



## Market Share Award Application

North Dakota Department of Career and Technical Education  
SFN 53431 (7/02)

School Name and City:

Please fill out the information below. Chapter membership will be verified using National FBLA membership records.

Number of Members in Chapter:

School Enrollment:

Percentage of Population:

(To calculate percentage of population, divide your chapter membership by the total school enrollment.)

Signature of Chapter President:

Signature of Chapter Adviser:

**Postmark or Fax this form by designated date to:**

**Linda Kuntz  
Dept. of Career and Technical Education  
600 E. Boulevard Ave., Dept. 270  
Bismarck, ND 58505-0610  
Fax: 701-328-1255**





## Membership Achievement Award Application

North Dakota Department of Career and Technical Education  
SFN 51402 (8/01)

School Name and City
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To receive the North Dakota Membership Achievement Award, check the appropriate category for which your chapter qualifies.

<input type="checkbox"/>	Maintained 2005-06 membership from 2004-05 Number of 2004-05 paid memberships:
<input type="checkbox"/>	Increased 2005-06 membership Number of 2004-05 paid memberships: Number of 2005-06 paid memberships:

Signature of Chapter President	Signature of Chapter Adviser
--------------------------------	------------------------------

**Postmark or Fax this form by designated date to:**

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**Dept. of Career and Technical Education**  
**600 E. Boulevard Ave., Dept. 270**  
**Bismarck, ND 58505-0610**  
**Fax: 701-328-1255**





## Special Needs Assistance Request

North Dakota Department of Career and Technical Education  
SFN 17809 (11/99)

The following student(s) or adviser request special assistance or accommodations at the State Leadership Conference.

Name and type of assistance required:

Name and type of assistance required:

Name and type of assistance required:

Describe how you believe we could best assist student or adviser with special needs. (Example: provide room on ground level.)

Chapter

Adviser

***Postmark or Fax this form by designated date to:***

***Linda Kuntz  
Dept. of Career and Technical Education  
600 E. Boulevard Ave., Dept. 270  
Bismarck, ND 58505-0610  
Fax: 701-328-1255***





## Hotel Reservation FBLA State Leadership Conference

North Dakota Department of Career and Technical Education  
SFN 17806 (08/01)

Hotel	Conference Dates <b>March 26-28, 2006</b>	Mail No Later Than <b>February 6, 2006</b>
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1. A block of rooms has been reserved at several hotels in Grand Forks. See List of Hotels and Rates for this information. **Mail this form directly to the hotel of your choice. No reservation will be made for the conference without this form. Any changes must be made with the hotel.**
2. Money for the hotel rooms must be paid by the adviser upon checkout with *one check for the entire amount payable to the hotel.*
3. Advisers must be responsible for all students and are expected to be in the hotel overnight.
4. Type entire form.

Name of School	Adviser Responsible
Total number of rooms to reserve	Dates rooms should be reserved <input type="checkbox"/> <b>March 26-28, 2006</b> <input type="checkbox"/> <b>March 27, 2006 ONLY</b>

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room A	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room B	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

### SEND CONFIRMATION TO:

Name		Phone
Address		Fax
City	State	Zip

Continued  
on next  
page

DUPLICATE THIS FORM IF ADDITIONAL SPACE IS NEEDED

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room C	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room D	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room E	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room F	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room G	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		



## **FBLA State Leadership Conference Chapter Hotel Reservation**

North Dakota Department of Career and Technical Education

SFN 53435 (7/02)

### **FAX TO:**

Name  Linda Kuntz	Phone  701-328-3174	Fax  701-328-1255
Department  Career & Technical Education	Date Sent	

### **MESSAGE:**

<p><b>Hotel at which our chapter is staying:</b></p> <p><b>Number of members plus advisers staying here:</b></p> <p><b>Total number of rooms reserved at this hotel:</b></p>
--

### **FAX FROM:**

Adviser's Name
School, City





## FBLA State Leadership Conference Registration

North Dakota Department of Career and Technical Education  
SFN 17807 (08/01)

Registration fee of \$40 per student must accompany this form. On-site registration fee is \$50.

School	City
Adviser	

Number		Dollar Amount
	state officers attending at no charge	N/A
	students attending at \$40 per student	
	advisers attending at no charge	N/A
	bus drivers or chaperones attending adviser/voting delegate lunch at \$10.00 per person	
	<b>TOTAL</b>	

### Make check payable to North Dakota FBLA

By date indicated, postmark to:

FBLA Fiscal Agent  
SLC Conference Registration  
PO Box 6022  
Bismarck, ND 58506-6022





## FBLA COMPETITIVE EVENTS REGISTRATION

North Dakota Department of Career and Technical Education  
SFN 17808 (11/00)

Region: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Chapter Name:	Number of Members:
Adviser's Name:	
School Phone:	President or Member to Represent Chapter in Parade of Chapters:
Adviser/person to contact if conference is postponed/changed due to inclement weather, etc:	
Phone:	
E-mail Address:	
Name of alternate person to contact:	Phone:
E-mail Address:	

EVENT TYPE	ENTRANTS ALLOWED	EVENT TITLE	NAME OF ENTRANT(S)
CHAPTER EVENTS:			
Chapter	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	American Enterprise Project <i>(up to 3 members per presentation team)</i>	1.
			2.
			3.
			4.
Chapter	1	Chapter Activities Scrapbook	Enter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Chapter	1	Chapter Activities Scrapbook - Digital	Enter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Chapter	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Community Service Project <i>(up to 3 members per presentation team)</i>	1.
			2.
			3.
			4.

Event Registration Continued on Next Page

**Chapter Name** \_\_\_\_\_

Chapter	1	Local Chapter Annual Business Report	Enter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Chapter	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Partnership with Business Project (up to 3 members per presentation team)	1.
			2.
			3.
			4.
Chapter	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Project Awareness	1.
			2.
			3.
			4.
<b>TEAM EVENTS:</b> (If you need more space, attach additional sheets.)			
Team	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Business Ethics (2 to 3 members per team)	1.
			2.
			3.
			4.
Team	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Business Financial Planning (2 to 3 members per team)	1.
			2.
			3.
			4.

Chapter Name \_\_\_\_\_

Team	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Business Plan (1 to 3 members per team)	1.
			2.
			3.
Team	3 (1-29) 4 (30-49) 5 (50-74) 6 (75+)	Desktop Publishing (2 members per team)	
			1.
			2.
			3.
			4.
Team	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Emerging Business Issues (2 or 3 members per team)	
			1.
			2.
			3.
			4.
Team	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Entrepreneurship (3 members per team)	
			1.
			2.
			3.
			4.

Chapter Name \_\_\_\_\_

Team	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Multimedia Presentation (1 to 3 members per team)	1.
			2.
			3.
Team	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Network Design (2 or 3 members per team)	
			2.
			3.
Team	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Parliamentary Procedure (4 or 5 members per team)	
			1.
			2.
			3.
			4.

Team	Unlimited	SMG Worldwide (3 to 5 members per team)	1.
			2.
			3.
			4.
Team	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Virtual Business Challenge (1 to 3 members per team)	1.
			2.
			3.
			4.
Team	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Web Site Development (1 to 3 members per team)	1.
			2.
			3.
			4.

Team	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	FBLA Acalympics (3 to 5 members per team)	1.
			2.
			3.
			4.
INDIVIDUAL EVENTS: (If you need more space, attach additional sheets.)			
Individual	Unlimited	Accounting I (First year Accounting students only)	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	Unlimited	Accounting II (Second year Accounting students only)	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	Unlimited	Banking and Financial Systems	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	Unlimited	Business Calculations	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.

**Chapter Name** \_\_\_\_\_

Individual	Unlimited	Business Communication	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	Unlimited	Business Law	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	Unlimited	Business Math <i>(Grades 9-10 only)</i>	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	Unlimited	Business Procedures	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	Unlimited	C++ Programming	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	3 (1-29) 4 (30-49) 5 (50-74) 6 (75+)	Computer Applications	1.
			2.
			3.
			4.
			5.
			6.
Individual	Unlimited	Computer Concepts <i>(Grades 9-10 only)</i>	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.

Individual	Unlimited	Economics	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	Unlimited	FBLA Principles and Procedures <i>(Grades 9-10 only)</i>	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Future Business Leader	1.
			2.
			3.
			4.
Individual	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Impromptu Speaking	1.
			2.
			3.
			4.
Individual	Unlimited	International Business	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	Unlimited	Introduction to Business <i>(Grades 9-10 only)</i>	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	Unlimited	Introduction to Business Communication <i>(Grades 9-10 only)</i>	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.

Individual	Unlimited	Introduction to Parliamentary Procedure ( <i>Grades 9-10 only</i> )	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	Unlimited	Java Programming	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Job Interview	1.
			2.
			3.
			4.
Individual	Unlimited	Marketing	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	Unlimited	Networking Concepts	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Public Speaking I ( <i>Grades 9-10 only</i> )	1.
			2.
			3.
			4.
Individual	1 (1-29) 2 (30-49) 3 (50-74) 4 (75+)	Public Speaking II	1.
			2.
			3.
			4.
Individual	Unlimited	Spelling and Proofreading Skills ( <i>Grades 9-10 only</i> )	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.

Chapter Name \_\_\_\_\_

Individual	Unlimited	Technology Concepts	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	Unlimited	Visual Basic Programming	1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
Individual	3 (1-29) 4 (30-49) 5 (50-74) 6 (75+)	Word Processing I ( <i>Grades 9-10 only</i> )	1.
			2.
			3.
			4.
			5.
			6.
Individual	3 (1-29) 4 (30-49) 5 (50-74) 6 (75+)	Word Processing II	1.
			2.
			3.
			4.
			5.
			6.

**Postmark or fax this form by designated date to:**

Linda Kuntz  
 Dept. of Career and Technical Education  
 600 E. Boulevard Ave., Dept. 270  
 Bismarck, ND 58505-0610  
 Fax: 701-328-1255

**Event Registration Continued on Next Page**

Chapter Name \_\_\_\_\_

Students may enter only one of the events listed below. NOTE: The maximum number of entrants permitted from each chapter in the events listed on this page is noted in the preceding competitive events registration form pages. Attach additional lists of names if necessary. **STUDENT'S NAME MAY APPEAR ONLY ONCE ON THIS PAGE!**

<b>Business Ethics</b> (enter names of 2 or 3 members per team below)			
Team 1			
Team 2			
<b>Emerging Business Issues</b> (enter names of 2 or 3 members per team below)			
Team 1			
Team 2			
<b>Entrepreneurship</b> (enter names of 3 members per team below)			
Team 1			
Team 2			
<b>Network Design</b> (enter names of 2 or 3 members per team below)			
Team 1			
Team 2			
<b>Parliamentary Procedure</b> (enter names of 4 or 5 members per team below)			
Team 1		Team 2	
<b>Future Business Leader</b> (enter names below)			
<b>Impromptu Speaking</b> (enter names below)			
<b>Job Interview</b> (enter names below)			
<b>Public Speaking I—grade 9-10 only</b> (enter names below)			
<b>Public Speaking II</b> (enter names below)			



*Please type the names of **all** people attending the FBLA conference. This list will be used, in part, to print nametags.*

Name of school as it should appear on nametags:

Advisers and chaperons: Type name and title as you wish it to appear on nametag.

Examples:

Name and Title

Name and Title

Mary Glutz  
Adviser  
Geck High School

Pete York  
Bus Driver  
Geck High School

[illegible]

**Continued on next page**





**North Dakota FBLA Code of Conduct**  
North Dakota State Board for Career and Technical Education  
SFN 53432 (7/02)

Student Name (print/type) \_\_\_\_\_

School (print/type) \_\_\_\_\_

- ☐ Fall Leadership Conference      ☐ State Leadership Conference      ☐ National Leadership Conference

**Advisers: Have each delegate sign a copy. Signed copies must be turned in at registration.**

***FBLA-PBL Code of Conduct***

FBLA-PBL members have an excellent reputation. Your conduct at every FBLA-PBL function should make a positive contribution to extending that reputation. Listed here are rules of conduct for the FBLA Leadership Conferences. All delegates will be expected to:

1. Behave in a courteous and respectful manner, refraining from language and actions that might bring discredit upon themselves, their school, other delegates, advisers, or upon FBLA-PBL.
2. Obey all local, state, and federal laws.
3. Avoid conduct not conducive to an educational conference. Such conduct includes, but is not limited to, actions disrupting the businesslike atmosphere, association with non-conference individuals, or activities that endanger self or others (running in the General Sessions, standing on chairs, using laser points during workshops, bodysurfing at dances, etc.)
4. Keep their advisers informed of their activities and whereabouts ***at all times***. Accidents, injuries, and illnesses must be reported to the local or state advisers immediately.
5. Observe the curfews as listed in the conference program. Local and state advisers as well as security personnel will enforce curfews. Curfew is defined as being in your own assigned room by the designated hour.
6. Avoid alcoholic beverages and controlled or illegal substances of any form. These items must not be used or possessed at any time, or under any circumstances. Use or possession of such substances may subject the delegate to criminal prosecution.
7. Act as guests of the hotel and conference center. Delegates must obey the rules of these facilities. The facilities have the right to ask a delegate or delegates to leave. ***Do not throw anything*** out of windows or over balconies. Do not run down hallways. Noise should be kept at a reasonable volume, especially in the hotels. Remember there are other guests in the hotels who have rights as well. Trash (this includes pizza boxes, bottles, cans, etc.) must be placed in the proper receptacles and not left on guest room or meeting room floors. Individuals or chapters responsible for damages to any property or furnishings will be responsible for its repair or replacement.

Local advisers are responsible for the supervision of delegate conduct.

**Disregarding or Violating the Code of Conduct**

Delegates who disregard or violate this code will be subject to disciplinary action, including, but not limited to, forfeiture of privileges to attend further events, confinement to your hotel room, dismissal from the conference, and being sent home at your own expense. Parents and/or guardians will be notified and FBLA-PBL reserves the right to notify law enforcement.

I agree to abide by the Code of Conduct and the Dress Code.

Signed: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

***FBLA-PBL Dress Code***

FBLA-PBL members and advisers should develop an awareness of the image one's appearance projects. The purpose of the dress code is to uphold the professional image of the association and its members and to prepare students for the business world. Appropriate attire is required for all attendees - advisers, members, and guests - at all general sessions, competitive events, regional meetings, workshops, and other activities unless otherwise stated in the conference program. Conference name badges are part of this dress code and must be worn for all conference functions. For safety reasons, do not wear name badges when touring.

Professional attire acceptable for official FBLA-PBL activities include:

**Males**

- Business suit with collared shirt and necktie
- Sport coat, dress slacks, collared shirt, and necktie
- Dress slacks, collared shirt, and necktie
- Business suit or sport coat with dress slacks and banded collar shirt
- Sweater or sweater vest, collared shirt with necktie, and dress slacks
- Dress socks and dress shoes
- Dress socks and dress Doc Marten style shoes (Not sandals, boots, or other shoes with heavy soles)

**Females**

- Business suit with blouse or sweater, sleeveless suit is appropriate
- Business pantsuit with blouse or sweater
- Skirt or dress slacks with buttoned-up blouse or sweater
- Business dress
- Closed toe dress shoes with nylons

**Inappropriate attire, for both men and women, includes:**

- Jewelry in visible body piercing, other than ears
- Hair dyed an unnatural color
- Cargo pocket or zip-off pants
- Jean-style khaki pants or skirt, or other pants or skirts with pockets sewn on the outside
- Capri pants
- Denim, canvas, flannel, or chambray fabric
- Backless, see-through, tight-fitting, spaghetti strapped, strapless, or low-cut blouses/tops/dresses
- Dress t-shirts (Sweaters and blouses are only appropriate)
- Clothing that shows any midriff skin
- Skirts shorter than 2 inches above the knee
- T-shirts, spandex, tank tops, or bathing suits
- Blouses that are not buttoned appropriately
- Sandals, athletic shoes, work shoes, hiking boots, bare feet, or over-the-knee-boots
- Athletic wear--including sneakers
- Hats
- Bolo ties
- Visible foundation garments

***CLARIFICATION: Many women's two-piece suits are currently designed so that they do not require a blouse. Therefore, this will be accepted. In addition, sling-back shoes (with closed toes) and sleeveless dresses/suits are accepted***





## Application for Employment Equal Opportunity Employer

Name (Last Name First)		Social Security No.	
Present Address		City	State Zip
Permanent Address		City	State Zip
Phone No. (     )	Email		

### Employment Desired

Position	Date You Can Start	Salary Desired
Are You Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Education

Name & Location of School	Years Attended	Date of Graduation	Major
High School			
Postsecondary School			
Trade, Technical School			
Other			

### Employment (list most current first)

Date Month and Year	Name and Address	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**List Computer Hardware and Software Skills:**

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**Keyboarding Speed:**

**List Other Machines With Which You Are Proficient:**

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**References: LIST BELOW THREE BUSINESS REFERENCES**

NAME	ADDRESS	PERSONAL OR BUSINESS

**Authorization**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

DATE\_\_\_\_\_ SIGNATURE\_\_\_\_\_



## Multimedia Presentation Event Entry Form

North Dakota Department of Career and Technical Education  
SFN 53070 (09/01)

**The presentation must be clearly labeled with the names of the team members and the name of the school.**

Chapter Name		
Adviser Name		
Email Address		Phone Number
Team Member Names		

Presentation submitted on:

- ☐ CD
- ☐ DVD

*We, the undersigned, attest that the design and creation of this multimedia presentation is the original work of the team members. We agree that this presentation may be linked, promoted, and used in any way by national FBLA-PBL, Inc. for purposes of promoting the association.*

Adviser's Signature	Team Member Signature
Team Member Signature	Team Member Signature

***Postmark this form by deadline date and send to person indicated.***





## Web Site Development Event Entry Form

North Dakota Department of Career and Technical Education  
SFN 52252 (09/01)

Chapter Name		
Web Site URL Address		
Adviser Name		
Email Address		Phone Number
Team Member Names		

*We, the undersigned, attest that the design, creation, and implementation of this web site is the original work of the team members. We agree that this web site may be linked, promoted, and used in any way by national FBLA-PBL, Inc. for purposes of promoting the association.*

Adviser's Signature	Team Member Signature
Team Member Signature	Team Member Signature

***Postmark this form by deadline date and send to person indicated.***

